


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F0000005408 1. Entity Name WEBSTER ENVIRONMENTAL ASSOCIATES, INC.	
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Principal Place of Business 13121 EASTPOINT PARK BLVD., SUITE E LOUISVILLE, KY 40223	Mailing Address 13121 EASTPOINT PARK BLVD., SUITE E LOUISVILLE, KY 40223
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**DO NOT WRITE IN THIS SPACE**

04192008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1011402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC  
4221 W. BOY SCOUT BLVD  
10TH FLOOR  
TAMPA, FL 33607

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000914611 05/08/08-80064-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WEBSTER, NEIL A P.E. 107 REST COTTAGE LANE PEWEE VALLEY, KY 40556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSH, J.W. (BUZ) III 14203 OAK BRANCH COURT LOUISVILLE, KY 40245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEBSTER, BARBARA 107 REST COTTAGE LANE PEWEE VALLEY, KY 40556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOETTER, BRUCE 3035 LEAF DR NEW ALBANY, IN 47150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara B Webster 4/19/08 502-241-9312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #